

EARTH TECH EXPLOSIVE ACCOUNTABILITY RECORD
(Magazine Data Card)

Product Code/FSN		Nomenclature		Location		
Date Code/Lot NR		NR Package/Case		NR Cases		
Date	Bill Lading/Voucher NR	Rcvd. From/Issued To	Qty. Received	Qty. Issued	Balance	Initials
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

PROJECT CONFORMANCE AUDIT SCHEDULE

PROJECT:

AUDIT/INSPECTION DATE:

QA/QC CHECK LIST

CHECK	SCH	REFERENCE	YES	NO	N/A	COMMENTS
A. Review OE RDD						
1. Clearance area and objectives clearly identified.	A	OE RDD Section 1.1				
2. All modifications and changes added and up to date.	M					
3. Work plan current and all changes posted.	M					
4. Depth of clearance identified.	S	OE RDD Section 4.8				
5. Minimum Separation Distance (MSD) established based on the Most Probable Munition (MPM).	S	OE RDD Section 3.3				
6. Proper target OE identified and test sources/test plot established.	A	OE RDD Sec. 4.7, 4.8, 4.9, 4.10				
7. Maps identifying the proper MSD located in the OE RDD for each clearance area.	A	OE RDD Sec 3.0 and 4.0				
8. Standards for the turn-in of OE scrap from the OE RDD.	A	DOD 4160.21 M 1				
9. Copy of the Explosive Safety Submission (ESS) at the Project Site.	A	DDESB IGD 98 10 Ch. 10				
B. Documentation Requirements on Site:	SCH		YES	NO	N/A	COMMENTS
DTSC Order						
1. RI/FS	A					
2. EIR	A					
3. RAP	A					
4. OE/RDD	A					
5. Non-OE RDD	A					
6. ESS	A					
7. SSHP, Addendum 1 and 2	A					
8. Letter authorizing project start-up.	A					
9. USACE UXO personnel approval letter for all UXO personnel on site.	A					

QA/QC CHECK LIST

10. Department of Defense Notice to Airmen (NOTAM) FWD to the area Federal Aviation Administration	A	AR 95 10, CFR 11 208				
11. Contract and all modifications and change orders.	M					
12. Approval letter for MSD, 1 Frag in 600 sq. ft.	A	OE RDD Appendix D				
13. First Aid and CPR training certificate (required to have a minimum of two qualified personnel on site when field activities are taking place).	M	EM 385 1, Sec. 03.A.02				
14. File on all UXO qualified personnel to include: NAVSCOLEOD cert., up to date physical, 40-hr HAZWOPER cert., up to date 8-hr HAZWOPER cert.	M	29 CFR 1910.120 (f)(e)				
15. File on SUXOS, QC, SSO, and all UXOSs, a copy of an 8-hr HAZWOPER supervisor cert.	M	29 CFR 1910.120 (f)(e)				
16. QA/QC files established.	M	OE RDD Sec. 3.5				
17. Daily Field logs established for all on-site supervisors and above, and maintained as project property and reviewed daily by the site manager or his representative.	A	OE RDD Sec. 4.0				
C. Safety Requirements:	SCH		YES	NO	N/A	COMMENTS
1. Hazard Analysis and Risk Assessment for all project tasks and on-site equipment.	A	DID OT 005 06				
2. Personnel protective equipment (PPE) for all on-site personnel to include visitors.	M	EM 385 1 1, 29 CFR 1910.120/134, OE SSHP (OE RDD Appendix E)				
3. First-aid equipment immediately available to all on-site personnel.	M	EM 385 1 1				
4. Emergency eye wash immediately available to all on-site personnel.	M	ANSI 385.1				
5. Fire extinguishers posted as required in all on-site vehicles, and in all on-site buildings.	M	DID OT 005 06, EM 385 1 1				
6. Ongoing Safety and Health (S&H) Training Program.	M	OE SSHP (OE RDD Appendix E)				
7. Emergency Notification List (ENL) posted and available to all on-site personnel.	M	DID OT 005 06 OE SSHP (OE RDD Appendix E)				
8. Emergency Route Maps provided to all on-site personnel.	M	DID OT 005 06 OE SSHP (OE RDD Appendix E)				

QA/QC CHECK LIST

9. Work task identified in Hazardous Analysis.	A	DID OT 005 06 OE SSHP (OE RDD Appendix E)				
10. Copies of MSDSs for all hazardous substances used and/or stored on site.	M	DID OT 005 06				
D. Facilities:	SCH	EM 385 1 1	YES	NO	N/A	COMMENTS
1. Adequate work space and restroom facilities.	M					
2. Good housekeeping maintained.	D					
3. Approved containers for flammable storage used.	W					
4. Approved explosive storage facilities used on site.	W					
5. Fire exits marked and not blocked.	D					
6. Maximum personnel occupancy limits maintained at on-site office facilities.	D					
E. Equipment	SCH		YES	NO	N/A	COMMENTS
1. Tools adequate and serviceable.	W					
2. PPE adequate and serviceable and used.	D					
3. Equipment calibrated and tested.	M					
4. GPS systems inspected and serviceable.	W					
5. Geophysical equipment on site inspected, tested, serviceable, and identified in the OE RDD.	W					
6. Demolition equipment inspected and serviceable.	D					
7. Two separate means of on-site communications inspected and serviceable.	W					
8. Heavy equipment inspected and serviceable.	D					
9. Hand and power tools inspected and serviceable.	W					
F. Transportation of Explosive Materials	SCH	DOT 49 CFR Parts 100 to 199, AR 385 64, EM 385 1 1 Sec. 29	YES	NO	N/A	COMMENTS
1. Motor vehicle inspection performed.	D					
2. Vehicles transporting explosives display all required placards, lettering, and numbers required.	D					

QA/QC CHECK LIST

3. Compatibility requirements maintained.	D					
4. Load blocked and braced.	D					
5. First-aid kit and 2 10 lb. Fire extinguishers rated for BC fires maintained in the vehicle.	D					
6. Vehicle communications inspected and serviceable.	D					
7. Operators conducting transport have a valid driver's license and current CDL.	D					
8. No flame-producing articles in transport vehicle or on persons conducting transport, or handling the explosives.	D					
G. Explosives Management Plan:	SCH	ATF 5400.7, DOT REG., AR 190 11, DID OT 005 03	YES	NO	N/A	COMMENTS
1. Licenses and permits as required.	A	OE RDD Sec. 4.17				
2. Proper magazine type used.	A	OE RDD Sec. 4.17				
3. Explosive Acquisition Plan in place before starting field operations.	A	OE RDD Sec. 4.17				
4. Explosive compatibility maintained.	W	OE RDD Sec. 4.17				
5. Initial receipt procedures and documentation procedures on site and followed.	M	OE RDD Sec. 4.17				
6. Fire-fighting control plan established and posted.	A					
7. Proper fire division symbol at entrance to storage site.	A					
8. Area around magazine free of rubbish, brush, dry grass, trees, for a minimum of 25 feet.	M					
9. Physical security and key control plan in place.	A					
10. Magazine site meets all BATF, state, and local requirements	A					
11. Magazine NEW is maintained at or below the established weight at all times.	W	OE RDD Sec. 4.17				
12. Receipt procedures accounting for each explosive item received have been established.	A	OE RDD Sec. 4.17				
13. A list of persons authorized to receive, issue and transport explosives will be maintained on-site.	M					

QA/QC CHECK LIST

14. End user is certifying use in writing.	W					
15. Explosives inventory conducted weekly.	W					
16. Magazine Data Cards maintained.	W	OE RDD Sec. 4.17				
H. GIS System	SCH		YES	NO	N/A	COMMENTS
1. Utilization of standardized naming conventions.	D	OE RDD Sec. 3.5, 4.18				
2. Records of activities performed on the project data maintained.	D	OE RDD Sec. 4.18				
3. Records of metadata maintained.	D	OE RDD Sec. 4.18				
4. Performance of regular (daily/weekly) data backups.	D/W					
5. Transmission of data to Granite/USACE/DTSC.	TBD					
I. Quality Control Plan	SCH		YES	NO	N/A	COMMENTS
1. QC audits/inspections completed, and recorded as required.	M	OE RDD Sec. 6.5				
2. QC training conducted as required.	M	OE RDD Ch. 6.0				
3. Results of QC checks being properly recorded.	M	OE RDD Sec. 4.18				
J. Vegetation Removal	SCH		YES	NO	N/A	COMMENTS
1. Equipment operated to prevent impact with OE.	D	OE RDD Sec. 4.3				
2. UXO personnel monitoring removal operation.	D	OE RDD Sec. 4.3				
3. If OE is discovered it is marked and handled appropriately.	D	OE RDD Sec. 4.3				
4. Vegetation cleared IAW site work plan.	D	OE RDD Sec. 4.3				
K. Survey and Mapping	SCH		YES	NO	N/A	COMMENTS
1. OE escort provided.	D	OE RDD Ch. 4.0, para 4.6				
2. Grid stake locations checked by the OE escort with geophysical equipment prior to driving stakes.	D	OE RDD Ch. 4.0, para 4.6				
3. Grids marked IAW site work plan.	W	OE RDD Ch. 4.0, para 4.6				
4. Grids documented IAW site work plan.		OE RDD Ch. 4.0, para 4.6				
L. OE Surface Clearance	SCH		YES	NO	N/A	COMMENTS
1. Operation being conducted IAW site work plan.	D	OE RDD Sec. 4.7				

QA/QC CHECK LIST

2. SUXOS on site during all field operations.	D	OE RDD Sec. 4.7				
3. SUXOS, UXOSSO, UXOQC, and UXOS maintaining proper field logs.	W	OE RDD Sec. 4.7				
4. MSD established prior to conducting OE operations.	D	OE RDD Sec. 4.7				
5. UXOS conducted and documented Tailgate Safety Brief prior to starting work.	W	OE RDD Ch. 4.1, SSHP				
6. PPE being provided and used properly on site.	D	OE RDD Ch. 4.0, SSHP				
7. OE scrap and metallic debris larger than 1" by 2" removed and placed in the SW corner of the grid.	W	OE RDD Sec. 4.7				
8. All OE and OE scrap were processed IAW the OE Process Flowchart, and procedures established in the OE RDD.	W	OE RDD Sec. 4.10				
M. Location Surveys	SCH		YES	NO	N/A	COMMENTS
1. Location and surveys were conducted IAW the site work plan.	A	OE RDD Sec. 4.6, 4.10				
2. "Class 1, Third Order" or better used to establish for the network monuments.	A	OE RDD Sec. 4.6, 4.10				
3. Control points identified on a map by name and number.	A	OE RDD Sec. 4.6, 4.10				
N. Geophysical Systems/Operations	SCH		YES	NO	N/A	COMMENTS
1. Review of daily field QA documentation.	W	OE RDD Sec. 4.8, 4.9				
2. Review of standardization logs.	D	OE RDD Sec. 4.9.1				
3. Posting of data for each segment to GIS map.	D	OE RDD Sec. 4.9.2				
4. Contour/image/profile plots generated..	D	OE RDD Sec. 4.9				
5. Comparison of field anomaly map, digital data image, and OE sampling results for each grid.	W	OE RDD Sec. 4.9.2				
O. Anomaly Reacquisition	SCH		YES	NO	N/A	COMMENTS
1. OE escort provided.	D					
2. Relocate with at least 40-cm accuracy.	D	OE RDD 4.10				

QA/QC CHECK LIST

P. OE Subsurface clearance and Disposal	SCH		YES	NO	N/A	COMMENTS
1. MSD established based on the MPM.		OE RDD Sec. 3.0				
2. Near-surface anomalies are being excavated using hand tools.	D	OE RDD Sec. 4.10				
3. Hand-held metal detector used to check and verify the location of the anomaly being excavated.	D	OE RDD Sec. 4.10				
4. Prior to surface clearance when heavy equipment is used to excavate subsurface anomalies, the entrance and egress path is cleared and marked prior to its arrival.	S	OE RDD Sec. 4.7				
5. Heavy equipment is used IAW the procedures established in the site work plan.	S	SSHP and Addendum 2				
6. OE identification and disposal conducted by the Disposal Operations Team.	S	OE RDD Sec. 4.11				
7. Area wide clearance.	D	OE RDD Sec. 4.14				
8. Cut and fills visually observed by UXO personnel.	D	OE RDD Sec. 4.14				
9. Are OE items being properly identified?	S	OE RDD Sec. 4.10				
10. Is determination of safe to move being made IAW the on-site work plan?	S	OE RDD Sec. 4.10				
11. Is OE disposal being conducted IAW the on-site work plan?	S	OE RDD Sec. 4.11				
12. Are all demolition operations being conducted IAW USACE approved procedures?	S	OE RDD Sec. 4.11				
13. Is the OE Disposal Operations Team organized IAW the on-site work plan?	S	OE RDD Sec. 4.11				
14. OE demolition site selected and prepared prior to the start of field operations.	A	OE RDD Sec. 4.11				
Q. OE Scrap Disposal			YES	NO	N/A	COMMENTS
1. Removal and disposal of OE scrap conducted IAW the on-site work plan.	S	OE RDD Sec. 4.11				

QA/QC CHECK LIST

R. Explosive Soils Operations (TNT Strips)			YES	NO	N/A	COMMENTS
1. TNT Strip operations conducted IAW on-site work plan.	D	OE RDD Sec. 4.12				
b. Homogenization operations conducted IAW on-site work plan.	D	OE RDD Sec. 4.12				
c. Field confirmation sampling conducted IAW on-site work plan.	S	OE RDD Sec 4.12				
d. Supplemental worker protection provided.	D	OE RDD Sec. 4.12				
S. Project Close Out	SCH		YES	NO	N/A	COMMENTS
1. All after-action activities conducted as indicated by the project schedule.	S	OE RDD Appendix A				

A = annual (or once at the start of a project)
 D = daily
 M = monthly
 S = situational (as required)
 TBD = to be determined
 W = weekly

Audit Status

Program / Project

[illegible]

EARTH TECH UXO QUALITY CONTROL INSPECTION AND AUDIT LOG FOR OE OPERATIONS

DATE:	TIME	LOG NO.
CONTRACT NO.:	DELIVERY ORDER NO.:	
LOCATION:		
WEATHER CONDITIONS: _____ _____		
I. AREAS INSPECTED: (List by grid number, coordinates or description) _____ _____ _____ _____ _____ _____ _____		
II. INSPECTION RESULTS: _____ _____ _____ _____ _____ _____ _____		
III. CORRECTIVE ACTIONS RECOMMENDED (If required): _____ _____ _____ _____ _____ _____		
IV. REINSPECTION RESULTS (If required): _____ _____ _____ _____ _____ _____		
V. SIGNATURES:		
<div style="border-top: 1px solid black; text-align: center; margin-top: 100px;">Quality Control Specialist</div>		<p>I acknowledge that I have been briefed on the results of this inspection and will take corrective actions (if necessary).</p> <div style="border-top: 1px solid black; text-align: center; margin-top: 100px;">Sr. UXO Supervisor / Project Manager</div>

Daily Quality Control Report

Location:		Contract Number:		Date:	
Weather: (Clear) (P. Cloudy) (Cloudy) Rainfall _____ Inches			Current: _____ Temperature: Low _____ High _____ (Fahrenheit)		
1) Contractor/Subcontractor Personnel			Area of Responsibility		
a)					
b)					
c)					
d)					
e)					
f)					
g)					
h)					
i)					
j)					
k)					
l)					
m)					
n)					
o)					
p)					
q)					
r)					
s)					
t)					
2) Work performed today (Indicate location, description, and personnel performing work).					
3) Results of safety inspection (Indicate what was checked, results, and corrective actions if applicable. Note phase of					

Daily Quality Control Report

4) Indicate test and/or control activities performed with results and references to the OE RDD requirements (note deficiencies and corrective action)
5) Verification of equipment inspections (note any inspection failures and corrective actions)
a) Vehicles:
b) Geophysical equipment:
c) GPS equipment:
d) Miscellaneous:
6) Material delivered to the site:
<p>Earth Tech verification: The above report is complete and correct and all material and equipment used and work performed during this reporting period are in compliance with the contract plans and specifications except as noted above.</p>
<div style="text-align: right;"> <hr/> Earth Tech Approved/Authorized Representative </div>

Controlled Document Transmittal Record

To: _____

 _____ Date

<input type="checkbox"/>	QA program manual for _____
<input type="checkbox"/>	Calibration / service specification manual
<input type="checkbox"/>	Procedure No. _____ Procedure name _____
<input type="checkbox"/>	Work plan for project No. _____ Title _____ Revision No. _____ or revision date _____
Control No. _____	
Instructions / remarks / variances	
Please sign below and return to:	

☐

I acknowledge receipt of the above document

☐

I acknowledge receipt of the revision to the above document and I have destroyed / marked the superceded version

☐

I am returning the document with this transmittal record

Signature_____

Date_____

EARTH TECH DAILY EQUIPMENT STANDARDIZATION/RESPONSE CHECK LOG

Location:		Contract No.:			Delivery Order No.:			QCS:	
Geophysical Equipment Nomenclature	Serial Number	Standardization / Response Check Test Date for Week Ending ____							Comments
		SUN	MON	TUE	WED	THUR	FRI	SAT	
		Initials of Person Conducting Standardization / Response Check							
GPS Equipment Nomenclature	Serial Number	Standardization / Response Check Test Date for Week Ending ____							Comments
		SUN	MON	TUE	WED	THUR	FRI	SAT	
		Initials of Person Conducting Standardization / Response Check							

Earth Tech, Inc.
Tailgate Safety Briefing Sign-in Log
Date: Time:

Briefing Conducted By:

Signature: _____

Company Name:

TOPICS COVERED:	Decontamination Procedures	Existing Work Zones
------------------------	----------------------------	---------------------

General PPE usage
Hearing Conservation
Respiratory Protection
Personal Hygiene
Exposure Guidelines

General PPE usage
Hearing Conservation
Respiratory Protection
Personal Hygiene
Exposure Guidelines

Smoking, Eating, and Drinking
Slips, Trips, and Falls
Heat Stress
Site Control
Emergency Procedures

Lockout/Tagout Safety Excavation/Confined Space Safety New Work Procedures

Personnel Sign-in List	
-------------------------------	--

Printed Name

Signature

Company Name

[illegible]

Supervisor's Report of Incident

This is an official document to be initiated by the injured employee's Supervisor. Please answer all questions completely. Fax to your Region's EHS Manager within 24 hours of the injury. See reverse side for instructions.

Section 1: Employee (Must complete each item or processing delays will occur) - Print Clearly

SCMS Claim#: _____		WC Location Code: _____	
SCMS: (877)261-8926			
Employee Data		S.S. No.	Sex
Injured's Name		Home Phone	Birth Date
Home Address		Marital Status	No. Dependents
City		State	Zip Code
Job Title	Dept No.	Office Location/Address	
Injury	Illness	Vehicle Injury	Near Miss
Hire Date		Hourly Wage	

Section 2: Supervisor (Must complete each item or processing delays will occur) - Print Clearly

Date of Incident	Time	Date Reported	To Whom
Client Name	Job Assignment at Time of Incident		Time Shift Began
Exact Location & Address of Incident		Did injured leave work? Yes No	
When?			
Has injured returned to work? Yes No		Did employee miss a regularly scheduled shift? Yes No	
Doctor/Hospital Name		Address of Hosp.	
Witness Name		Statements Attached Yes No	
Nature of Injury		Body Part	
Medical Treatment Received			
Describe Incident			
What caused the incident?			
Corrective Action(s) to Prevent Future Occurrence:			
Supervisor/Foreman (Print Name)	Signature	Date	Telephone

Section 3: Manager

Comments on incident and corrective action			
Manager (Print Name)	Signature	Date	Telephone

Section 4: Environmental, Health and Safety

Concur with action taken? Yes No Remarks:			
OSHA Recordable	No	Pending	Yes - Type :
Lost work days _____		Days of restricted activity _____	
Incident only	First aid	Medical	Fatality
EHS Professional (Print Name)	Signature	Date	Telephone

Supervisor's Report of Incident Instructions For Completion

The following types of incidents must be reported using this form:

1. Occupational Injury or Illness (includes first aid only, medical treatment, hospitalization, fatality)
2. Vehicle Accident Injuries
3. Near Miss (incident where employee(s) could have been injured)

INSTRUCTIONS

Immediate:

1. Employees must report such incidents to their Supervisor **immediately**.
2. The Supervisor must complete **Sections 1 and 2, Employee Data and the Supervisor Section** of the SRI. Incomplete items will delay timely processing. Any work-related injury or illness that requires medical treatment or care will require notifying SCMS at 877-261-8926.
3. The Supervisor must verbally notify his/her Manager, who in turn must sign **Section 3, Manager**, of the SRI. To avoid delaying SRI process, a separate copy of the SRI with the Manager's signature can be faxed within 3 days to the REHSM.
4. The Supervisor must verbally notify his/her REHSM with a follow-up SRI faxed within 24 hours (see below for fax numbers). The REHSM will review and complete **Section 4, Environmental Health and Safety**, and fax the SRI to the WCA at 804-515-8313.
5. For near-miss situations that could have resulted in an injury to an employee, the Supervisor must notify his/her Manager (see Item 3 above) and the REHSM with a follow-up SRI faxed within 24 hours.

PRIMARY CONTACTS

East REHSM: Dale Prokopchak, CIH, CSP
Telephone: 804-515-8556
Fax: 804-515-8313
Pager: 877-830-1981

WCA:
Telephone: 804-515-8557
Fax: 804-515-8313

Midwest REHSM: Jeff Grant, CIH
Telephone: 616-940-4426
Fax: 616-940-4396
Cell Phone: 734-516-5232

West REHSM: Bob Poll, CIH, CSP
Telephone: 562-951-2242
Fax: 562-495-9257
Cell Phone: 562-884-1414

EARTH TECH DEMOLITION SHOT RECORD

Site Name/Location:			Date:		
Shot Location (OB/OD Range or Grid No.):		Demolition Supervisor:		State License # (if applicable):	
Type of UXO/OE Destroyed, Vented, or Burned:			Firing Method:		Time of Shot:
Direction and Distance to Nearest Building, Road, Utility Line, etc.:			Temp: _____ Wind Dir./Speed: _____ Ceiling: _____ Clouds/\$ Sun: _____		
Type and Amount of Tamping Used:				Mat or Other Protection Used (list):	
Seismographic/Sound Level Meter Used: Yes <input type="checkbox"/> No <input type="checkbox"/>			Readings/Results:		
Demolition Materials Used					
Description		Amount		Description	
Perforator				Time Fuze	
Det Cord				Squibs	
Electric Detonator				Black/Smokeless Powder	
Non-Electric Detonator				Two Component	
Non-EI Detonator				Other (list)	
Certification					
I certify that the explosives listed were used for their intended purpose, and that the UXO/OE listed were rendered inert/destroyed.					
Signature of Demolition Supervisor: _____				Date: _____	

Site Name/Location:			Date:		
Shot Location (OB/OD Range or Grid No.):		Demolition Supervisor:		State License # (if applicable):	
Type of UXO/OE Destroyed, Vented, or Burned:			Firing Method:		Time of Shot:
Direction and Distance to Nearest Building, Road, Utility Line, etc.:			Temp: _____ Wind Dir./Speed: _____ Ceiling: _____ Clouds/% Sun: _____		
Type and Amount of Tamping Used:				Mat or Other Protection Used (list):	
Seismographic / Sound Level Meter Used: Yes <input type="checkbox"/> No <input type="checkbox"/>			Readings/Results:		
Demolition Materials Used					
Description		Amount		Description	
Perforator				Time Fuze	
Det Cord				Squibs	
Electric Detonator				Black/Smokeless Powder	
Non-electric Detonator				Two Component	
Non-EI Detonator				Other (list)	
Certification					
I certify that the explosives listed were used for their intended purpose, and that the UXO/OE listed were rendered inert/destroyed.					
Signature of Demolition Supervisor: _____				Date: _____	

Quality Deficiency Notice

(Part I)

QDN Number _____

Project Name _____ Project Number _____

Activity _____ Location _____

Controlling Document:	
Requirement	
Description of Deficiency	
Reported by _____	Date _____
Discussed with _____	Date _____
Response	
This section to be completed by responsible organization and returned to the Earth Tech QC Manager or designated representative by _____ (Date).	
Corrective Action (including action to prevent recurrence and root cause determination)	
Scheduled Completion Date _____	Signed _____ Date _____

Quality Deficiency Notice

(Part II)

Evaluation of Response

QDN Number _____

This section to be completed by the Quality Control Manager	
First Response	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Remarks	
Evaluated by _____ Date _____	
Second Response	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Remarks	
Evaluated by _____ Date _____	
Third Response	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Remarks	
Evaluated by _____ Date _____	
Corrective action verified	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Remarks	
Verified by _____ Date _____	
Quality deficiency notice closed on _____ By _____	

Preparatory Phase Check List

Page 1 of 2

Project Name _____ Project Number _____
 Field Activity _____ Date of Activity _____ to _____

YES	NO	N/A	
_____	_____	_____	Permits:
-	-	-	_____
_____	_____	_____	Applications:
-	-	-	_____
_____	_____	_____	Site visit performed
-	-	-	
_____	_____	_____	Work Plan completed, approved, distributed
-	-	-	
_____	_____	_____	Quality Control Plan completed, approved, distributed
-	-	-	
_____	_____	_____	Site-Specific Safety & Health Plan completed, approved, distributed
-	-	-	
_____	_____	_____	Procedure in place
-	-	-	_____
_____	_____	_____	Personnel assigned
_____	_____	_____	Project Manager
-	-	-	_____
_____	_____	_____	Site Safety Officer
-	-	-	_____
_____	_____	_____	Field Quality Control Manager
-	-	-	_____
_____	_____	_____	Other
-	-	-	_____
_____	_____	_____	Training completed for
_____	_____	_____	Field procedures
-	-	-	
_____	_____	_____	Quality control
-	-	-	
_____	_____	_____	Health and safety
-	-	-	
_____	_____	_____	Equipment and supplies
_____	_____	_____	Tested, approved
-	-	-	
_____	_____	_____	Calibrated
-	-	-	

_____	_____	_____	Field material properly stored
-	-	-	
_____	_____	_____	Subcontractor(s):
_____	_____	_____	_____
_____	_____	_____	Evaluation satisfactory
-	-	-	
_____	_____	_____	Procurement document/subcontract in place
-	-	-	
_____	_____	_____	Contaminated material holding and disposal procedures in place
-	-	-	
_____	_____	_____	Emergency procedures in place
-	-	-	
_____	_____	_____	Weather conditions accounted for
-	-	-	
_____	_____	_____	Review of nonconformances/audit findings completed
-	-	-	

_____	_____	_____	_____
Project Manager	Date	Quality Control Manager	Date

Preparatory Phase Check List

Page 2 of 2

Project Name _____ Project Number _____
 Field Activity _____ Date of Activity _____ to _____

YES	NO	N/A	
			List submittals required for the work: _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	_____	_____	Contract specifications reviewed
-	-	-	
_____	_____	_____	Contract drawings reviewed
-	-	-	
_____	_____	_____	Test procedures ready
-	-	-	
_____	_____	_____	Activity hazard analysis conducted
-	-	-	
_____	_____	_____	Client notified
-	-	-	
			List any items of mutual understanding developed during the preparatory phase: _____ _____ _____ _____ _____ _____ _____ _____
			List any topics of concern (i.e., safety violations observed, areas of nonconformance, etc.): _____ _____

List persons in attendance:

_____	_____	_____	_____
Project Manager	Date	Quality Control Manager	Date



Nonconformance Report (NCR)

NCR No. _____

Project _____ Project Number _____

Activity _____ Location _____

Part A			
Description of nonconformance			
Nonconformance reported by _____		Date _____	
Part B			
Evaluation of nonconformance			
Significant condition adverse to quality <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work stoppage required <input type="checkbox"/> Yes <input type="checkbox"/> No			
Impacts previous data/reports <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remarks:			
Evaluated by _____		Date _____	Title _____
Approved by _____		Date _____	Date _____
Project Manager		QC Manager	
Part C			
Recommended corrective action/disposition			
Evaluated by _____		Date _____	Title _____
Approved by _____		Date _____	Date _____
Project Manager		QC Manager	
Part D			
Corrective action/disposition			
Completed by _____		Date _____	
Remarks:			

Corrective action approved and NCR closed by:

Date

Date

Project Manager

QC Manager

Nonconformance Report Log

[illegible]

EARTH TECH GRID SURVEY ORDNANCE ACCOUNTABILITY LOG FOR OE OPERATIONS
(To be used in conjunction with OE Operations / QC Grid Map)

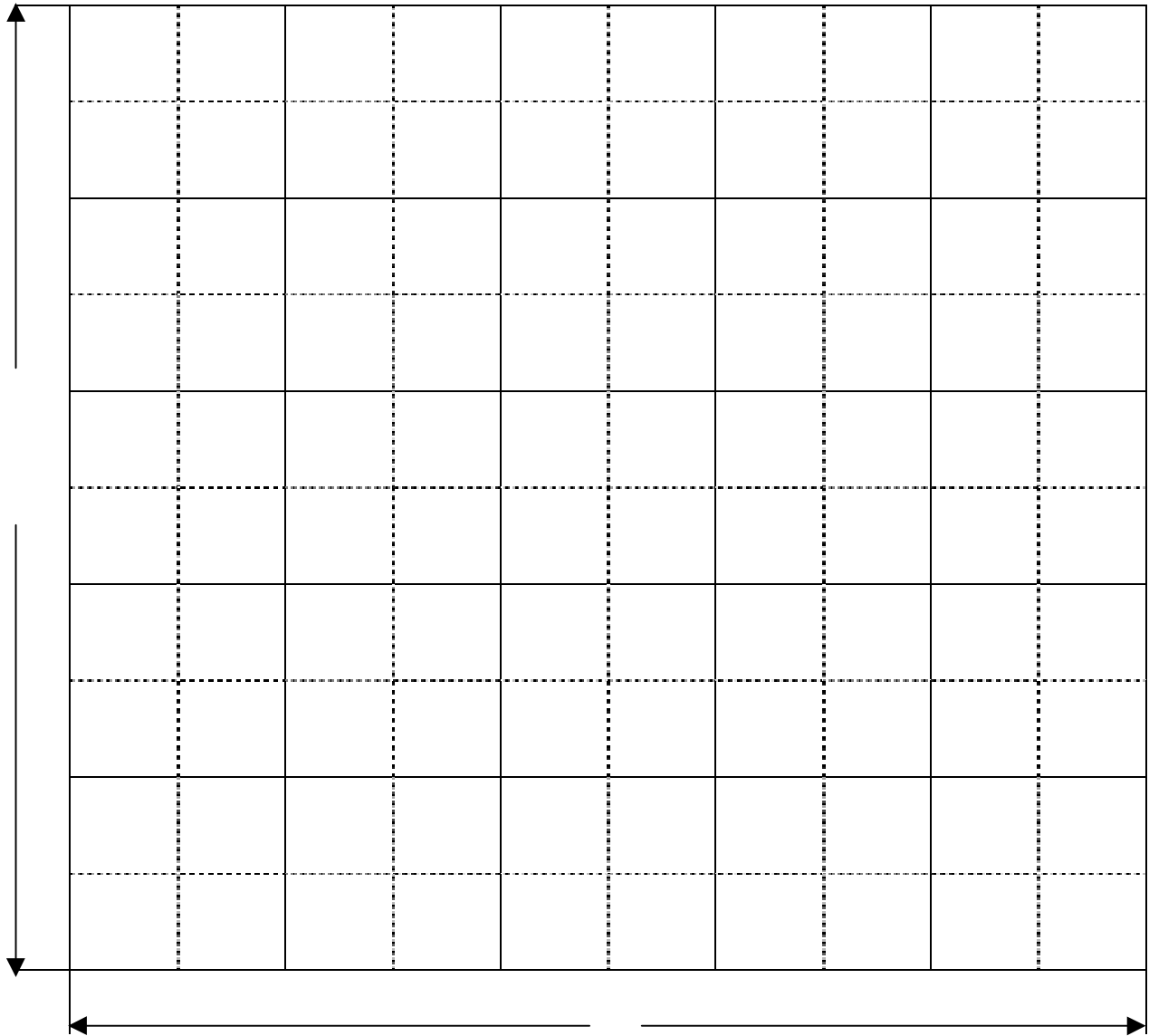
[illegible]

EARTH TECH OE OPERATIONS GRID MAP

(To be used in conjunction with Earth Tech Grid Summary Survey Log)

DATE: _____

GRID NO.: _____



NOTES: _____

LEGEND



Surface UXO/OE



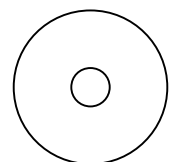
Subsurface Anomalies



Subsurface UXO/OE



Restricted Area Boundary



Map
Orientation

DELIVERABLE REVIEW AND APPROVAL FORM Q-1

Page ____ of ____

Project Name:	
Project Number:	Certification Required:

Peer Review Assignments	
Reviewer: Date Comments Required: NTE _____ Hours Special Emphasis:	<input type="checkbox"/> Technical <input type="checkbox"/> Editorial <input type="checkbox"/> Statement of Work Compliance
Reviewer: Date Comments Required: NTE _____ Hours Special Emphasis:	<input type="checkbox"/> Technical <input type="checkbox"/> Editorial <input type="checkbox"/> Statement of Work Compliance
Reviewer: Date Comments Required: NTE _____ Hours Special Emphasis:	<input type="checkbox"/> Technical <input type="checkbox"/> Editorial <input type="checkbox"/> Statement of Work Compliance
PEER REVIEW SCHEDULE	
Date	Event

Project Manager Signature:	Date:
----------------------------	-------

DELIVERABLE REVIEW AND APPROVAL FORM Q-2

Page ____ of ____

PEER REVIEW	
Document Title:	
Document Date:	Project Number:
Peer Reviewer's Name:	
Date Comments Required:	
NTE _____ Hours	
Special Emphasis:	
I have reviewed this document for: <input type="checkbox"/> Technical Quality <input type="checkbox"/> Conformance to Scope <input type="checkbox"/> Editorial Quality <input type="checkbox"/> Document markup attached	This review resulted in: <input type="checkbox"/> No Comments <input type="checkbox"/> Minor or Editorial Comments <input type="checkbox"/> Significant Comments <input type="checkbox"/> Supplemental comments attached
Signature:	Date Received:
	Date Completed:
RESPONSE TO PEER REVIEW COMMENTS	
Responses Prepared By:	
Peer review comments have been <input type="checkbox"/> incorporated without exception <input type="checkbox"/> incorporated with exception(s). Any exceptions must be explained in a written attachment.	
Signature:	Date:
MANAGEMENT APPROVAL	
Project Manager:	Date:
Office Manager:	Date:

NONCONFORMANCE REPORT FORM Q-3

Page ____ of ____

Project Name:	
Project Number:	
DESCRIPTION OF NONCONFORMANCE	
<input type="checkbox"/> Peer Review Plan (Form Q-1) <input type="checkbox"/> Deliverable Review and Approval (Form Q-2) <input type="checkbox"/> Peer Review Procedures	
Description:	
Prepared By:	Date:
PROJECT MANAGER RESPONSE	
Project Manager Signature:	Date:
QC MANAGER APPROVAL	
QC Manager Signature:	Date:

Field Change Request

Field Change No. 1

Page 01 of 01

Project Name: _____

Contract Number _____ Project Number: _____

Applicable Document: _____ Date: _____

DESCRIPTION
Minor Change <input type="checkbox"/> Major Change <input type="checkbox"/> Major Project Impact <input type="checkbox"/>
Requested by: _____
REASON FOR CHANGE
RECOMMENDED DISPOSITION
IMPACT ON PRESENT AND COMPLETED WORK
Cost Impact: Significant Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Signature _____ Date _____ Project Manager
Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Signature _____ Date _____ Project QC Manager
(For changes to engineering drawings and construction specifications) - N/A Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Rework <input type="checkbox"/> Signature _____ Date _____ Responsible Engineer
Remarks: _____
FINAL DISPOSITION
Signature _____ Date _____

Field Change Request Log

Project Name: _____

Contract Number: _____

Project Number: _____

[illegible]

* Minor Change
Major Change
Major Project Impact

EARTH TECH EXPLOSIVES PURCHASE/RECEIPT/TRANSPORTATION
AUTHORIZATION LIST

Address and County (Home Office): 1461 East Cooley Drive, Suite 100, Colton, CA 92324, San Bernardino County

Address and County: (Field Office)

Federal License #:

Expiration Date:

The following persons are agents, employees, or representatives of the undersigned, and are authorized to order or acquire explosive materials on behalf of EARTH TECH, INC.:

Name and Home Address	Driver's License No.	Soc. Sec. Number	Place of Birth

The undersigned certifies the foregoing information to be true and correct to the best of his knowledge and believe, and that he will communicate any additions or deletions to the foregoing list to Earth Tech, Inc.

Corporate Officer

Date

OE Sampling Excavation Information Sheet

(Must be completed for all targets)

Sector: _____	Completed By: _____	Date: _____
Grid or Lane No: _____	UXO Supervisor: _____	Time: _____
Anomaly ID No.: _____	Crew No.: _____	

TARGET DESCRIPTION

Type/Model/DOD Nomenclature: _____

<input type="checkbox"/> Unexploded Ordnance (UXO) <input type="checkbox"/> Fuzed <input type="checkbox"/> Unfuzed <input type="checkbox"/> Ordnance and Explosives (OE) <input type="checkbox"/> OE Scrap <input type="checkbox"/> Non-OE	Primary Composition: <input type="checkbox"/> Ferrous <input type="checkbox"/> Aluminum <input type="checkbox"/> Brass <input type="checkbox"/> Other _____	Condition (Mark all that apply): <input type="checkbox"/> Intact <input type="checkbox"/> Partial <input type="checkbox"/> Rusted <input type="checkbox"/> Dented <input type="checkbox"/> Other _____
---	---	---

Diameter: _____ mm/inches	Length: _____ mm/inches	Markings: _____
Weight: _____ pounds/ounces	Wall Thickness _____ mm/inches	Photo # _____ Camera # _____

ORIENTATION

Bearing: _____ degrees	Distance from Flag: _____ inches
Estimated Inclination: _____ degrees	Direction from Flag: _____ (N, S, E, W, etc.)
<input type="checkbox"/> Nose Up <input type="checkbox"/> Nose Down <input type="checkbox"/> No Nose	

EXCAVATION

Method: <input type="checkbox"/> Hand (Surface Debris) <input type="checkbox"/> Shovel <input type="checkbox"/> Backhoe	Excavation Width: _____ inches Excavation Depth: _____ inches Depth to Top of Item: _____ inches
--	--

DISPOSAL

<input type="checkbox"/> Blown in Place	<input type="checkbox"/> Moved to Demo Area	<input type="checkbox"/> Date of Demo _____
---	---	---

Comments:

UXO Supervisor review by: _____ Title: _____ Date: _____

Earth Tech review by: _____ Title: _____ Date: _____

NOTE: USE MULTIPLE SHEETS FOR MULTIPLE ITEMS.

Team # _____

EARTH TECH VEHICLE INSPECTION CHECKLIST(To be used weekly for all vehicles EXCEPT explosive carriers which must be inspected prior to each explosives transport)

Site Name / Location: _____

SUXOS: _____ Inspector: _____ Vehicle: _____
(MAKE & LICENSE PLATE #)Date Inspected: _____ Mileage: _____ Owner: _____
(RENTAL, EODT, GFE, CONTRACT)

USE ✓ FOR PASS, X FOR DISCREPANCY

1. DOCUMENTATION:	Pass	Fail	2. BRAKES:	Pass	Fail
Registration	[]	[]	Hand/Emergency	[]	[]
Insurance	[]	[]	Service	[]	[]
Emergency Route Map and Phone Numbers	[]	[]			
3. TIRES:			4. BELTS:		
Pressure	[]	[]	Proper tension	[]	[]
Condition	[]	[]	Condition	[]	[]
5. EQUIPMENT:			6. LIGHTS:		
Fire extinguishers*	[]	[]	Headlights (high & low)	[]	[]
First Aid/CPR/Burn	[]	[]	Brake Lights	[]	[]
Eyewash kits	[]	[]	Parking	[]	[]
Emergency Breakdown Kit	[]	[]	Back-up	[]	[]
Spare Tire	[]	[]	Turn Signals	[]	[]
Tire Changing Equipment	[]	[]	Emergency Flashers	[]	[]
Tie downs*	[]	[]			
Chocks*	[]	[]			
Placards*	[]	[]			
7. FLUID LEVELS:			8. GENERAL:		
Oil	[]	[]	Windshield Wipers	[]	[]
Coolant	[]	[]	Windshield/Windows	[]	[]
Brake	[]	[]	Seat Belts	[]	[]
Steering	[]	[]	Steering	[]	[]
Transmission	[]	[]	Horn	[]	[]
Windshield Wiper	[]	[]	Gas Cap	[]	[]
Fluid Leaks	[]	[]	Mirrors	[]	[]
			Cleanliness	[]	[]
			Exhaust system*	[]	[]

(Note: Items marked with * are required for explosive carriers and must be inspected prior to each use)

Description of deficiencies: _____

Deficiencies corrected by: _____ Date _____